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trocky Labor (Depositor's name Himerrollas (Signature) ediember 2001 (Date) FILING DATE APPLICATION NO. FIRST NAMED INVENTOR ATTORNEY DOCKET NO CONFIRMATION NO Warren L., Starkebaum

APPLN, TYPE SMALL ENTITY ISSUE FEE DUE PUBLICATION FEE DUE PREV, PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE \$1400 \$300 \$0 09/04/2007 nonprovisional NO \$1700 ART UNIT CLASS-SUBCLASS EXAMINER PEFFLEY, MICHAEL F 3739 606-041000 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list the names of up to 3 registered patent attorneys or agents OR, alternatively, ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. "Fee Address" indication (or "Fee Address" Indication form D/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

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Please eheck the appropriate assignee eategory or eategories (will not be printed on the patent): 🔲 Individual 🕡 Corporation or other private group entity 🚨 Government

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MINNEAPOLIS, MN 55432-9924

10/31/2003

TITLE OF INVENTION: ABLATION OF EXTERIOR OF STOMACH TO TREAT OBESITY

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